

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF NEW YORK

-----X
RASHAUN BLANFORD,

Plaintiff,

-against-

CORRECTION OFFICER S. BANKS, et al.,

Defendants.
-----X

**DECLARATION OF
SARAH DEROCO**

21-CV-0231

TJM/CFH

SARAH DEROCO, on the date noted below and pursuant to § 1746 of Title 28 of the United States Code, declares the following to be true and correct under penalty of perjury under the laws of the United States of America:

1. I am a Registered Nurse with a license to practice in the state of New York. I received my nursing degree from Mohawk Community College in 2008. I have been practicing as a Registered Nurse since 2008.

2. I am currently employed by the New York State Department of Corrections and Community Supervision ("DOCCS") as a Registered Nurse at Marcy Correctional Facility ("Marcy"). I have been employed by DOCCS for approximately 2 years and have been assigned to Marcy for my entire career with DOCCS.

3. As a Registered Nurse at Marcy, my duties include, among others, providing health services to incarcerated individuals housed at Marcy on a regular and emergent basis.

4. I am a Defendant in the above-captioned action and submit this declaration in support of Defendants' motion for summary judgment.

5. This information contained herein is based upon my personal knowledge, a review of the records kept in the usual course of business by DOCCS, and DOCCS policy and procedures.

6. It is my understanding that Plaintiff claims I was deliberately indifferent to his serious medical needs beginning on February 2, 2021, when I treated him following a documented use of force. Specifically, Plaintiff claims that I failed to treat pen tips that Plaintiff allegedly inserted into his penis and did not transfer Plaintiff to an outside hospital for treatment.

7. Plaintiff's claims asserted against me are patently false. On February 2, 2021, I provided Plaintiff medical treatment that, in my professional medical judgment, was appropriate for his medical condition. Based on my thorough evaluation of Plaintiff, I made the determination, using my professional medical judgment, that transfer to an outside hospital was not medically necessary. I was not deliberately indifferent to any of his medical needs.

8. On February 2, 2021, while working in the Marcy infirmary, Plaintiff was brought to the infirmary to be evaluated following a documented use of force. I evaluated Plaintiff's medical condition at approximately 12:38 p.m. and completed a use of force inmate injury report, a copy of which is attached hereto as **Exhibit A**.

9. Plaintiff initially presented as quite agitated and stated to me "I have a pen in my dick, you're going to have to send me out." The alleged insertion of the foreign body into Plaintiff's penis was not witnessed by staff members. *See* Exh. A.

10. Security staff performed a strip frisk of Plaintiff, which is a standard procedure upon entry into the emergency room and reported to me that they did not observe any trauma to Plaintiff's penis. *See id.*

11. I then viewed Plaintiff in boxer shorts and did not observe any health problems to Plaintiff's genitalia.

12. In addition to visually evaluating Plaintiff's condition, I consulted with the Marcy provider, Nurse Practitioner Corigliano ("NP Corigliano"). With regards to the alleged foreign

body in Plaintiff's penis, NP Corigliano advised me to continue to monitor Plaintiff and that the foreign body would likely pass when Plaintiff urinated. *See id.*

13. At the conclusion of my examination of Plaintiff, he was highly agitated and remained fixated on being sent to an outside hospital. I advised Plaintiff at that time there was no medical necessity for him to be sent to a hospital.

14. Other DOCCS Health Services staff members and I continued to provide treatment to Plaintiff following my interactions with him on February 2, 2021.

15. Plaintiff was evaluated by RN Matos on February 2, 2021, at approximately 4:10 p.m. Plaintiff again demanded that he be sent to an outside hospital. RN Matos did not observe Plaintiff to be in any distress and advised Plaintiff that he could not be sent to an outside hospital because there was no medical emergency. Plaintiff became belligerent and the encounter had to be terminated. A copy of Plaintiff's Ambulatory Health Record for February 2021 is attached hereto as **Exhibit B**.

16. On February 3rd and February 4th, I stopped at Plaintiff's cell while on medical rounds. On each of these occasions, Plaintiff made no complaints about the alleged pen tips in his penis, nor did Plaintiff appear to be in any distress. See Exhibit B.

17. On February 10, 2021, Plaintiff again complained of the alleged pen tips in his penis. Plaintiff advised that he was not having any difficulty urinating. I advised Plaintiff that I would notify NP Corigliano for follow-up.

18. On February 12, 2021, NP Corigliano examined Plaintiff at approximately 8:50 a.m. and did not observe any irritation to Plaintiff's urinary meatus, Plaintiff did not appear to be in any pain, and NP Corigliano reported that she was able to move and manipulate the shaft of Plaintiff's penis without concerns. NP Corigliano determined there was no evidence of a foreign

body in Plaintiff's penis and that a trip to an outside hospital was unnecessary. NP Corigliano ordered a urine sample be taken from Plaintiff for urinalysis and culture with sensitivities to determine if any other issues existed such as infection or blood in Plaintiff's urine which is typical of trauma to the genitalia. See Exhibit B.

19. On February 16, 2021, Plaintiff refused to provide a urine sample for urinalysis. See Exhibit B.

20. On February 18, 2021, at approximately 11:20 a.m., I received a letter from Plaintiff alleging that he was being denied medical care for the alleged pen tips in his penis. After consulting with NP Corigliano, a new order for urinalysis was written. At approximately 6:50 p.m., I performed a straight catheterization of Plaintiff's urethra wherein I obtained Plaintiff's urine sample. The urine appeared normal, as it was clear with a yellow tint. Plaintiff's urine was sent for analysis. During this procedure, Plaintiff was unable to provide a consistent answer, when asked, as to when he was last able to urinate. Plaintiff initially stated it had been almost a week since he last urinated, which I deemed unlikely based on my examination. See Exhibit B.


21. After multiple examinations by multiple DOCCS health services providers, in addition to Plaintiff's inconsistent complaints, and with no observation of Plaintiff in distress, I determined, using my professional medical judgment, that Plaintiff was not experiencing a medical emergency, and a trip to an outside hospital was not warranted. See Exhibit B.

22. Out of an abundance of caution, I requested that my supervisor, NP Corigliano, assist me in evaluating Plaintiff's condition. NP Corigliano agreed with my findings and did not note any symptoms of a foreign body in Plaintiff's penis and concurred that a trip to an outside hospital was not medically necessary. See Exhibit B.

23. At no point in time have I ever been indifferent to an individual's medical condition, including Plaintiff's. In the instant matter, Plaintiff did not present with any symptoms of a foreign body in his penis despite multiple thorough evaluations of his condition on February 2, 2021, and continuing evaluations by multiple DOCCS Health Services staff members in February 2021. Furthermore, Plaintiff was uncooperative with treatment on numerous occasions when I and other DOCCS Health Services staff members attempted to treat him.

24. At all times in dealing with Plaintiff, I conducted myself in accordance with my responsibilities as a Registered Nurse, in a manner consistent with the regulations of DOCCS and what I understood my obligations under state and federal law to be.

Dated: Marcy, New York
September 22, 2022



Sarah DeRocco

Exhibit A

FORM 2104.1ADD (4/12)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

Ref. Directive #4944, 4004

USE OF FORCE REPORT - PART B - ADDENDUM

FACILITY Marcy 495	Date & Time of Incident 2/2/21 1235pm	Facility Use of Force Log # 21-019
INMATE NAME Blanford, Rashawn	DIN 18B0908	Cell Location A2-47

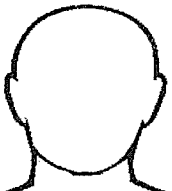
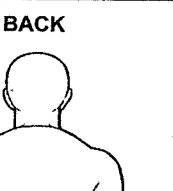

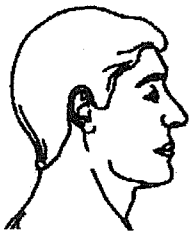

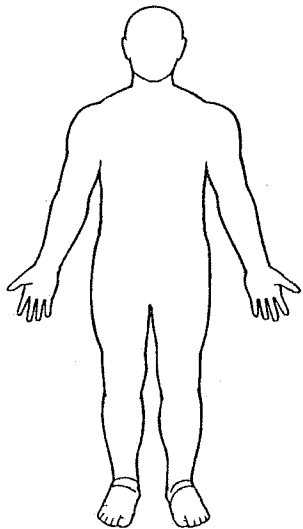
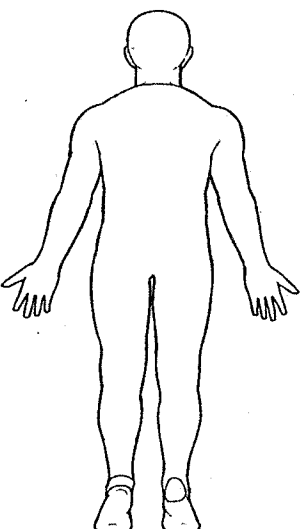
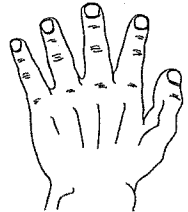


PHYSICAL EXAMINATION / TREATMENT - DETAIL

EXAMINER'S NAME AND TITLE

S. DeRocco RN II

Date & Time of Examination

2/2/21 1238pm.

	FRONT		BACK		
					
OD (Right)					
					
OS (Left)					

Inmate seen in medical after UOF; Inmate very agitated - states "I have a pen in my dick, you're gonna have to send me out." This Foreign body insertion was not witnessed - Enc Inmate to remove whatever he put in his penis - No trauma seen by staff on penis during strip frisk. Per. NP Congliano with regard to Foreign body - monitor Inmate at this time.

EXAMINER'S SIGNATURE AND DATE

S. DeRocco 2/2/21

Dist: Original - Superintendent

Copy - Guidance unit file(s) of inmate(s) involved

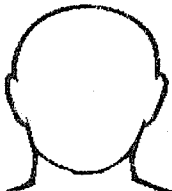


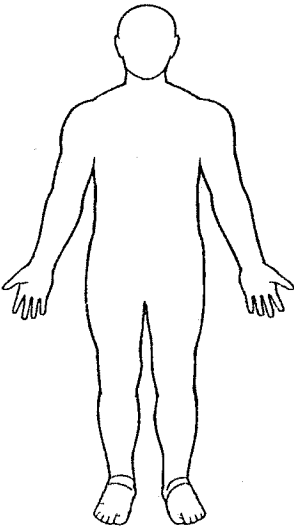
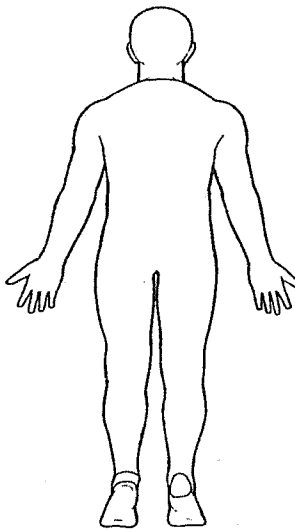


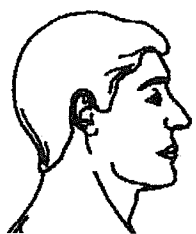
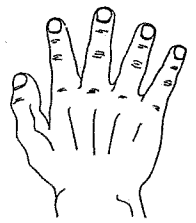
Defendant 000021

FORM 2104.1ADD (4/12)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

Ref. Directive #4944, 4004

USE OF FORCE REPORT - PART B - ADDENDUM

FACILITY <i>Marcy 495</i>	Date & Time of Incident <i>2/2/21 1235pm</i>	Facility Use of Force Log # <div style="border: 1px solid black; padding: 2px; display: inline-block;">21-019</div>
INMATE NAME <i>Blanford, Rashawn</i>	DIN <i>18B0908</i>	Cell Location <i>A2-47</i>
PHYSICAL EXAMINATION / TREATMENT - DETAIL		
EXAMINER'S NAME AND TITLE <i>S. DeRocco RN II</i>		Date & Time of Examination <i>2/2/21 1238pm</i>
  OD (Right)  OS (Left)	<p>FRONT</p> 	<p>BACK</p> 
	 	 
<p><i>Inmate seen in medical after UOF; Inmate very aggitated - states "I have a pen in my dick, you're gonna have to send me out." This Foreign body insertion was not witnessed - Enc Inmate to remove whatever he put in his penis - No trauma seen by staff on penis during strip frisk. Per. NP Origliano with regard to Foreign body - monitor Inmate at this time.</i></p>		
EXAMINER'S SIGNATURE AND DATE <i>SD 455 2/2/21</i>		

FORM 2104.1 (4/12)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

USE OF FORCE REPORT (CONT'D)

Ref. Directive #4944, 4004

There are _____ other
reports filed under this
Use of Force Log #

FACILITY Mann 495.	Date & Time of Incident 2/12/21 1235pm	Facility Use of Force Log # 21-019
INMATE NAME Blanford, Rashawn.	DIN 18B0908.	If Unusual Incident, CCC Log # [] [] [] [] [] []

PART B - PHYSICAL EXAMINATION / TREATMENT REPORT

EXAMINER'S NAME AND TITLE S. Delacruz RN II	Date & Time of Examination 2/12/21 1238pm.
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MEDICAL REPORT (INDICATE DATE & TIME OF EXAMINATION, DESCRIBE EXTENT OF ANY INJURIES, AND DESCRIBE TREATMENT PROVIDED)

Inmate seen in medical after UOF; I'm very agitated - states "I have a pen in my dick, you're gonna have to send me out." This foreign body insertion was not witnessed - Enc. Inmate to remove whatever he put in his penis. No trauma seen by staff on penis during strip frisk. Per NP Conigliano with regard to FB - monitor Inmate at this time.

EXAMINER'S SIGNATURE AND DATE S. Delacruz 2/12/21
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PART C - REVIEW AND EVALUATION BY SUPERINTENDENT

The force used by staff, in the form of body holding was necessary to gain control of inmate. The force was minimal, serious injury avoided and order was restored.

SUPERINTENDENT'S SIGNATURE AND DATE [Signature] 2/12/21
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Exhibit B

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
 Health Screening for Reception/Classification, Transfers, SHU, Separate KL Unit,
 or Adolescent Offender Admissions

Name Blanford DIN 18B0908 DOB Facility Attica
 Date of Assessment 3-4-21 Allergies

Section A: General Health- Inquiry and Response from the inmate (Adolescents only: Height: Weight:)

Questions- Check each box with the appropriate response	No	Yes	If yes, MUST be specified
Do you have any current health problem or complaints?		X	"2 pen caps in urethra"
Do you take any medications, prescribed or OTC?		X	
Have you ever had chicken pox?	X		
Do you have any problem with your...			
Vision or your eyes?	X		
Hearing or your ears?	X		
Teeth or your mouth?	X		
Do you presently have any of these symptoms...			
Cough/phlegm?	X		
Blood in phlegm?	X		
Weakness?	X		
Weight loss?	X		
Loss of appetite?	X		
Sweating at night?	X		
Other?	X		
Do you have a living will/health care proxy/ advance directive?	X		
If no, would you like information?	X		
Have you ever had...			
TB?	X		
Hepatitis?	X		
Any sexually transmitted disease?	X		
HIV?	X		
Do you want an HIV test or information?	X		
Are you currently being treated, or have ever been treated for gender dysphoria or have a desire to become or be treated as another gender?	X		
Have you ever abused alcohol or other drugs?	X		
If yes, have you had alcohol or substance abuse treatment?	X		
For females only: Is there a possibility that you are pregnant?	N/A		

Section B: General Health Appearance- Observations

Questions:	No	Yes	If yes, MUST be specified
Are there any body deformities or amputations?	X		
Does the inmate need an assistive device to ambulate?	X		
Are there any skin discolorations (e.g. bruises)/lack of turgor?	X		
Are there any lesions or rashes?	X		
Are there any cuts or evidence of trauma?	X		
Are there any recent tattoos?	X		
Are there any needle marks?	X		

Comments:

Referrals: ☐ No referrals needed at this time ☐ Referral to Dentist ☒ Referral to Clinician: "pen caps in penis?"
 (For all transfers or SHU/Separate KL Unit admissions)

E. Gallett RN
 Signature of RN

198
 Provider #

3/4/21
 Date

8:45pm
 Time
 000399

STATE OF NEW YORK DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
OUTDRAFT/TRANSFER MEDICAL SCREENINGName: Blanford, Bastian DOB: 5/27/96 DIN: 18B0908 Current Facility: MarcyAllergies: ☐ No known allergies ☒ Allergies (meds, food etc.) Sulfas, chx

Hepatitis A/B/C: _____

PPD Information: Date: 9/25/19 Result: ☒ Negative ☐ Positive _____ mmQuantiferon: Date: 1/25/21 Result: negHIV Screening: Date: 9/4/14 Result: ☒ Negative ☐ Positive ☐ Refused _____
(Date-if known)Medical History: hx hunger strike, HTN (no meds),
allergic rhinitisSurgical History: (R) hand 2017 (Syracuse)Medications: Ø medical meds currently☐ Med list attached Med Level 2Mental Health History: multiple suicide attempt, hunger strikes,
OMA level 15

Medications: _____

☐ Med list attached Med Level _____Pending/Scheduled Consults: ØRecommendations: ØCurrent Permits/Restrictions: Ø

Comments: _____

Completed by: M. Whitaker RN
RN Signature# 283
Provider#3/4/21
Date1550
Time**This information is protected under PHL Law 27F prohibiting further disclosure.
A general authorization is not sufficient for release**

FORM 3105A (7/13)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

AMBULATORY HEALTH RECORD PROGRESS NOTE

Name	Blanford, Rashaun	DIN	18B0908	Date of Birth	5/27/96	Facility Name	Manlius
Subjective:	ESC brought in by security for PREA reported from 2/2/21. I/m reports he			Last Name	Blanford		
Objective:	was "sexually touched" on his buttock. No skin to skin contact or penetration. I/m states during uof he was touched over his clothes on his buttocks. denies any other injuries (physical) but "my inside hurts" (feelings.) on H notified, provider notified no treatment @ present			DIN	18B0908	Location	
Assessment:				Date	2/20/21	Time	10:45 am
Plan:				Provider Orders:			
Signature/Provider # <u>Stonner</u> (40)				RN Transcribing Order/Provider #/Date/Time _____			
Subjective:				Last Name	_____		
Objective:				DIN	_____	Location	_____
Assessment:				Date	_____	Time	_____
Plan:				Provider Orders:	_____		
Signature/Provider # _____				RN Transcribing Order/Provider #/Date/Time _____			
Subjective:				Last Name	_____		
Objective:				DIN	_____	Location	_____
Assessment:				Date	_____	Time	_____
Plan:				Provider Orders:	_____		
Signature/Provider # _____				RN Transcribing Order/Provider #/Date/Time _____			

Continue entry into next box if necessary.

000401

FORM 3105A (7/11)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

AMBULATORY HEALTH RECORD PROGRESS NOTE

Name	Blanchard, Rashawn	DIN	1860908	Date of Birth	5/21/96	Facility Name	Mauget
Subjective:	Inmate washday re-	Last Name	Blanchard				
	pendoor hostage - informed		1860908			Location	RM111
	cellceller - he would not close		11/16/21			Date	11/16/21
Objective:	up of medical not tally					Time	6:00 p
	needs - cellceller was able to get	Provider Orders:					
Assessment:	closed - made for nurse aware that						
	disability to mind - call placed to Dr						
Plan:	Dr. Mello informed of done and the nurse						
	was alleged pen in penis - Blomgren of						
	exam - N/O obtained to straight cath and						
Signature/Provider #		RN Transcribing Order/Provider #/Date/Time					
Subjective:	up this agreed to -	Last Name					
	and previous UA's that	DIN				Location	
	was ordered - on med					Date	
Objective:	Spoke with about					Time	
	he words - I am as agreeable - p	Provider Orders:					
Assessment:	Dr. Mello is in brought to medicals,						
	straight cath done using sterile technique -						
Plan:	urine obtained for UA CSS as usual						
	approximately 800 cc clear yellow urine						
	out of bladder - I am was extremely						
Signature/Provider #		RN Transcribing Order/Provider #/Date/Time					
Subjective:	animated during entire	Last Name					
	procedure - yellow -	DIN				Location	
	then laying - unable to					Date	
Objective:	obtain straight cath about when I					Time	
	urinated - although it obviously wasn't a	Provider Orders:					
Assessment:	will call when I claimed previously -						
	continued to have noted to penis - O & B felt						
Plan:	pen shaft - I am in 800 cc it was only						
	penis not full cap of penis - blood noted						
	urine - after was clear yellow - UA CSS						
Signature/Provider #		RN Transcribing Order/Provider #/Date/Time					

Continue entry into next box if necessary.

000402

Continue entry into next box if necessary.

000403

FORM 3105A (7/11)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
AMBULATORY HEALTH RECORD PROGRESS NOTE

Name	Blanford, Rashawn	DIN	18B0908	Date of Birth	5-27-96	Facility Name	495 morning
Subjective:	Inmate refused to give urine specimen per phob.	Last Name	Blanford	DIN	18B0908	Location	unit
Objective:		Date	2-16-21	Time	0500	Provider Orders:	
Assessment:							
Plan:							
Signature/Provider #	RN Transcribing Order/Provider #/Date/Time						

Subjective:	Received letter from inmate stating he is being denied medical care for alleged pen tips in prison - IM was seen by proctologist on 2/18/21 - had exam which was normal. Urine - UA c/s was ordered - which IM refused to give as above. Medical cancellation for trip	Last Name	Blanford	DIN	18B0908	Location	unit
Objective:		Date	2/18/21	Time	11am	Provider Orders:	
Assessment:							
Plan:							
Signature/Provider #	RN Transcribing Order/Provider #/Date/Time						

Subjective:	Spoke to provider about above as well as refusal of daily HTN med - Continue to monitor - Medical indication for trip due to normal exam	Last Name	Blanford	DIN	18B0908	Location	unit
Objective:		Date	2/18/21	Time	11:00	Provider Orders:	
Assessment:							
Plan:	Plc usmopril P/T Inmate Refusals: Reorder UA c/s per note						
Signature/Provider #	RN Transcribing Order/Provider #/Date/Time						

Continue entry into next box if necessary.

000404

FORM 3185A (7/11)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

AMBULATORY HEALTH RECORD PROGRESS NOTE

Name	Blanford, Reshawn	DIN	18B0908	Date of Birth	5-27-96	Facility Name	445 Mary
Subjective:	per CO - Inmate Accepted his lunch tray	Last Name	Blanford	DIN	18B0908	Location	Unit 11
Objective:	Which will conclude	Date	2/18/21	Time	1130a	Provider Orders:	HS pl
Assessment:	POWIZ - FHSI has been updated	Signature/Provider #	[Signature]				
Plan:	And Email sent	RN Transcribing Order/Provider #/Date/Time	Copied 11-16-21				
<p>Signature/Provider # [Signature] RN Transcribing Order/Provider #/Date/Time</p>							
Subjective:	2/21/21 Refused to come to cell door	Last Name	Blanford	DIN	18B0908	Location	Unit 11
Objective:	for meds or SC	Date	2/10/21	Time	1a	Provider Orders:	
Assessment:	open tips in penis - difficult	urinary as of yet - will defer to					
Plan:	provide	Signature/Provider #	[Signature]				
<p>Signature/Provider # [Signature] RN Transcribing Order/Provider #/Date/Time</p>							
Subjective:	states shoved the cap of a pen up his penis, about 1 wk ago.	Last Name	Blanford	DIN	18B0908	Location	
Objective:	States voiding fine, but does have pain w/ urination.	Date	2/12/21	Time	0850	Provider Orders:	
Assessment:	On exam, no irritation noted to urinary meatus, no pain or palpable FB noted on exam of shaft on penis.						
Plan:	able to move/manipulate shaft is concerns. No evidence of FB. Will obtain U/A to v for U/A & C&S						
<p>Signature/Provider # [Signature] RN Transcribing Order/Provider #/Date/Time</p>							

Continue entry into next box if necessary.

000405

on today's exam

FORM 105A (7/11)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

AMBULATORY HEALTH RECORD PROGRESS NOTE

Name	DIN	Date of Birth	Facility Name
Blanford, Rashawn	18B0908	5-27-96	445 Mary
Subjective: RTP Rounds	Last Name Blanford	DIN 18B0908	Location RTP
IM Ate dinner per security. Laying on bunk covered	Date 2/7/21	Time 7 ⁰⁰ PM	Provider Orders:
Objective: refused medical assessment			
Assessment: no s/s distress respirations observed			
Plan:			
Signature/Provider # <u>LA</u> RN Transcribing Order/Provider #/Date/Time _____			
Subjective: RTP Rounds	Last Name Blanford	DIN 18B0908	Location RTP
IM laying on Bunk respirations	Date 2/8/21	Time 1 ⁴⁵ AM	Provider Orders:
Objective: observed no s/s of distress will continue to monitor			
Assessment:			
Plan:			
Signature/Provider # <u>LA</u> RN Transcribing Order/Provider #/Date/Time _____			
Subjective:	Last Name Blanford	DIN 18B0908	Location Mntz
Objective: see daily HS	Date 2/8/21	Time 7:00	Provider Orders:
Assessment: snore			
Plan:			
Signature/Provider # <u>LA</u> RN Transcribing Order/Provider #/Date/Time _____			

Continue entry into next box if necessary.

000406

FORM 3105A (7/11)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

AMBULATORY HEALTH RECORD PROGRESS NOTE

Name	DIN	Date of Birth	Facility Name
Blanford, Rachana	18B0908	5-27-76	475th

Subjective:	Last Name
RCPP rounds	Blanford

Objective:	DIN	Location
Inmate awake, sitting on bunk, OOB to door, denies medical complaints, will monitor	18B0908	RCPP

Assessment:	Date	Time
late entry 4:20pm; meal taken	2/6/21	3:30pm

Signature/Provider #	RN Transcribing Order/Provider #/Date/Time
DeDee En 453	2/6/21

Subjective:	Last Name
RCPP rounds	Blanford

Objective:	DIN	Location
Inmate resting quietly, OOB of distress noted to nurse to monitor	18B0908	inter

Assessment:	Date	Time
	2-6-21	0337

Signature/Provider #	RN Transcribing Order/Provider #/Date/Time

Subjective:	Last Name
see daily HS sheet	Blanford

Objective:	DIN	Location
	18B0908	amth

Assessment:	Date	Time
	2/7/21	7:14a

Signature/Provider #	RN Transcribing Order/Provider #/Date/Time

Continue entry into next box if necessary.

000407

FORM 3105A (7/11)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

AMBULATORY HEALTH RECORD PROGRESS NOTE

Name	DIN	Date of Birth	Facility Name
Blanford, Rashawn	18B0908	5-27-96	495 main

Subjective:	At end of medication pass this evening IM was asked to get up to let the nurse get vs. He stated "no" and stayed on his bunk. No signs of distress observed. Sgt. Brewer notified of IM refusal of vs. Verified that IM did eat evening meal - continues to be on missed meal #9.	Last Name	Blanford, R
Objective:		DIN	18B0908
Assessment:		Location	B2-50
Plan:		Date	2/5/21
		Time	1950
		Provider Orders:	
Signature/Provider #	M. Whitaker RN # 293	RN Transcribing Order/Provider #/Date/Time	2/5/21 1950

Subjective:	galley 1:1 rounds Inmate resting quietly on bunk 85% of distress noted continue to monitor	Last Name	Blanford
Objective:		DIN	18B0908
Assessment:		Location	cell 1A
Plan:		Date	2-10-21
		Time	0105
		Provider Orders:	
Signature/Provider #		RN Transcribing Order/Provider #/Date/Time	

Subjective:	see daily H8 melt	Last Name	Blanford, R
Objective:		DIN	18B0908
Assessment:		Location	room 116
Plan:		Date	2/16/21
		Time	716a
		Provider Orders:	
Signature/Provider #	SN # 458	RN Transcribing Order/Provider #/Date/Time	2/16/21

Continue entry into next box if necessary.

000408

FORM 3105A (7/11)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
AMBULATORY HEALTH RECORD PROGRESS NOTE

Name	Blanford, Rashawn	DIN	18B0908	Date of Birth	5-27-96	Facility Name	Wegman
Subjective:	Gallery Watch			Last Name	Blanford		
Objective:	I'm refused breakfast			DIN	18B0908	Location	
Assessment:	This am I meal #8			Date	2/5/21	Time	7:30
Plan:	states he put FB in penis and won't eat until it's removed. Refuse Took meds 3 issue			Provider Orders:			
Continue to monitor							
Signature/Provider # <u>S. Dionne</u>				RN Transcribing Order/Provider #/Date/Time			
Subjective:	I'm refused lunch tray meal #9			Last Name	Blanford		
Objective:	Watch commander Sgt.			DIN	18B0908	Location	
Assessment:	NA notified will bring out for VS +			Date	2/5/21	Time	12:30p
Plan:	medical ✓			Provider Orders:			
Signature/Provider # <u>S. Dionne</u>				RN Transcribing Order/Provider #/Date/Time			
Subjective:	Gallery Watch Rounds			Last Name	Blanford, Rashawn		
Objective:	I'm up to hatch @ approach and calmly stated to this nurse that he was going to eat because he knows that he is going out to			DIN	18B0908	Location	B2-50
Assessment:	Set X-rayed. This nurse informed I'm that that information is not allowed to be given but it is a good idea to eat. I'm was asked if he would allow VS to be taken this evening and he agreed. No S/S of distress observed or reported @ the time.			Date	2/5/21	Time	1548
Plan:	Sgt Brewer notified of need to see I'm for VS. Will cont. to monitor			Provider Orders:			
Signature/Provider # <u>M. Whittaker RN #23</u>				RN Transcribing Order/Provider #/Date/Time 2/5/21 1548			

Continue entry into next box if necessary.

000409

FORM 3165A (7/11)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

AMBULATORY HEALTH RECORD PROGRESS NOTE

Name	Blanford, Rashawn	DIN	1830908	Date of Birth	5-27-90	Facility Name	4433 mcm
Subjective:	RETP/galley watch	Last Name	Blanford	DIN	1830908	Location	Rm 114
Objective:	Inmate ambulatory	Date	2/4/21	Time	324p	Provider Orders:	
Assessment:	in cell - yellow outer window - & medical needs @ present						
Plan:	will continue to monitor						
Signature/Provider #	RN Transcribing Order/Provider #/Date/Time						
Subjective:	on med Rels - notified by CO on	Last Name	Blanford	DIN	1830908	Location	Rm 114
Objective:	watch that I did	Date	2/4/21	Time	725	Provider Orders:	
Assessment:	not eat this am - per log book - I'm has refused #7 state meals as of						
Plan:	dinner tonight - will monitor						
Signature/Provider #	RN Transcribing Order/Provider #/Date/Time						
Subjective:	galley 1:1 rounds	Last Name	Blanford	DIN	1830908	Location	Wm
Objective:	Inmate resting quietly, on bunk	Date	2-4-21	Time	2332	Provider Orders:	
Assessment:	& sig of distress noted continue to monitor						
Plan:							
Signature/Provider #	RN Transcribing Order/Provider #/Date/Time						

Continue entry into next box if necessary.

000410

FORM 3105A (7/11)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

AMBULATORY HEALTH RECORD PROGRESS NOTE

RMHLL

Name	DIN	Date of Birth	Facility Name
Blanford, Bashawn	18B0908	5/27/96	Manly 485

Subjective: 1:1 Gallery Watch Round Last Name Blanford, R.

Im up to hatch using vulgar language in very loud voice to security officer on watch. At nurse's approach Im stopped yelling @ officer and stated to the nurse "I don't take meds now." Then Im continued using vulgar language to C.O.

Objective: watch. At nurse's approach

Assessment: No sis of physical distress observed and Im voiced no complaint to this nurse. Will cont. to monitor.

Plan: Addendum @ 1635 - Im refused dinner tray & drink - ref. meal #4 in Whittaker RN 2/3/21

Signature/Provider # M. Whittaker RN #293 RN Transcribing Order/Provider #/Date/Time 2/3/21 1533

Subjective: gallery 1:1 rounds Last Name Blanford

Im not resting quietly, sis of distress noted

Objective: quietly, sis of distress noted

Assessment: continue to monitor

Plan:

Signature/Provider # _____ RN Transcribing Order/Provider #/Date/Time _____

Subjective: RTP/gallery watch Last Name Blanford

Inmate laying on back covered w blanket - Im offered and refused to respond for medications - considered a med refusal -

Objective: covered w blanket - Im offered and refused to respond for medications - considered a med refusal -

Assessment: Inmate did eat Btus on CO - will continue to monitor

Plan: will continue to monitor

Signature/Provider # _____ RN Transcribing Order/Provider #/Date/Time 2/4/21

Continue entry into next box if necessary.

000411

FORM 3105A (7/11)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

AMBULATORY HEALTH RECORD PROGRESS NOTE

Name	DIN	Date of Birth	Facility Name
Blanford, Rashawn	18B0908	5/21/94	495

Subjective:	Last Name
Gallery 1-1 watch Rounds	Blanford
Objective:	DIN
I'm up at cell door talking to security no signs/symptoms of distress will continue to monitor	18B0908
Assessment:	Location
	B2-50
Plan:	Date
	2/3/21
	Time
	2:35 AM
Provider Orders:	
Signature/Provider # <u>L. A. RN</u> RN Transcribing Order/Provider #/Date/Time _____	

Subjective:	Last Name
gallery watch	Blanford
Objective:	DIN
Inmate buildy watch on med kds - would not pull hands in for am meds - considered a med refusal - I'm continues to call out to staff to "Don't be afraid of me. I'm not gonna do anything to	18B2908
Assessment:	Location
	2nd fl
Plan:	Date
	2/3/21
	Time
	7:15am
Provider Orders:	
Signature/Provider # <u>L</u> RN Transcribing Order/Provider #/Date/Time _____	

Subjective:	Last Name
you." Inmate has refused dinner last evening and Blast time	
Objective:	DIN
Assessment:	Location
Plan:	Date
	Time
Provider Orders:	
I'm refused lunch #3	
Signature/Provider # <u>SNK53</u> RN Transcribing Order/Provider #/Date/Time _____	

Continue entry into next box if necessary.

000412

FORM 3105A (7/11)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

AMBULATORY HEALTH RECORD PROGRESS NOTE

Name	Blanford, Rashawn	DIN	18B0908	Date of Birth	5/21/94	Facility Name	41
Subjective:	When on an ESC for inmate inmate - "I'm yelling out 'If I get a chance I'm gonna shut outta you!' - CO will say present - & interactions that are in - trouble with SNLSS			Last Name	Blanford	DIN	18B0908
Objective:				Date	2/2/21	Location	Unit 4
Assessment:				Time	11:50 PM	Provider Orders:	Smack the
Plan:							
Signature/Provider #	SNLSS			RN Transcribing Order/Provider #/Date/Time			

Subjective:	Gallery Rand			Last Name	Blanford	DIN	18B0908
Objective:	Inmate ambulatory in cell. Gait steady. No distress. No complaints to medical.			Date	2/2/21	Location	B2-50
Assessment:	Will continue to monitor.			Time	2:05 PM	Provider Orders:	
Plan:							
Signature/Provider #	Matus 434			RN Transcribing Order/Provider #/Date/Time			

Subjective:	[ESC]			Last Name	Blanford	DIN	18B0908
Objective:	Inmate ambulatory in cell. Gait steady. Seen cell side for 40 "severe pain in penis" pen CO on watch. Inmate is in no distress. No grunting, no quaking. This issue already addressed by provider earlier today p inmate claimed he inserted a pen into his penis when strip frisked earlier by CO's no trauma was noted to penis or surrounding areas. Inmate claims he is "not eating or drinking" offered Tylenol, refuses. States "you have to send me out". The other place did. Informed not a medical emergency to warrant			Date	2/2/21	Location	B2-50
Assessment:				Time	4:10 PM	Provider Orders:	
Plan:							
Signature/Provider #	Matus 434			RN Transcribing Order/Provider #/Date/Time			

trip out. Belligerent. Encounter
terminated. Will continue to monitor Matus 434

Continue entry into next box if necessary.

000413